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| ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : _____ ATTORNEY FOR <i>(Name)</i> : NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | TELEPHONE NO.: | FOR COURT USE ONLY |
| SHORT TITLE: | | |
| <div style="text-align: center;">REQUEST FOR ADMISSIONS</div> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Truth of Facts <input type="checkbox"/> Genuineness of Documents </div> Requesting Party: Responding Party: Set No.: | | |
| | | CASE NUMBER: |

You are requested to admit within thirty days after service of this Request for Admissions that

A. ☐ each of the following facts is true *(number each fact consecutively)*:

☐ continued on Attachment A.

B. ☐ the original of each of the following documents, copies of which are attached, is genuine *(number each document consecutively)*:

☐ continued on Attachment B.

| | | |
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| (TYPE OR PRINT NAME) | | (SIGNATURE OF PARTY OR ATTORNEY) |
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